Texas Ethics Commission	P.O. Box 12070 Austi	in, Texas 787	11-2070 RECE	IVED	(512) 463-5800	1-800-325-850
	PURPOSE COM FINANCE REP		ECITY OF SA CITY O		Cover S	RM SPAC HEET PG 1
The SPAC Instruction C	Guide explains how to comp	olete this	ACCOUNT # (Ethics Commission filer	*******	2 Total pages fi	led:
3 COMMITTEE NAME	0.1				OFFICE	USE ONLY
Citzen	5 4 Charter	Kefor			Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE	#; CI	TY; STATE;	ZIP CODE		
Change of Address	8715 Sta San Antoniu			3	Date Hand-delivere	d or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS	ST		MI	Receipt #	Amount
NAME	MR. VE	rry		SUFFIX	Date Processed	
	Fu	entes			Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS SBC) 175 E. Hous	,		STATE;	ZIP CODE	205
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX;	APT / SUIT	•	STATE;	ZIP CODE	
Change of Address	175 E. Ho	uston	San	Antou	w TX	78205
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (210) 351-5	IBER	EXTENSI			
9 REPORTTYPE	January 15 July 15		30th day before election Bth day before election Runoff			500 limit (attach PAC-DR) er campaign treasurer
10 PERIOD COVERED	Month Day	Year			Month Day	Year
	7/1/0	4	THROUGH		12/31	104
11 ELECTION	ELECTION DATE Month Day Year 5/15/04	ELECTIO Pri		unoff	General	Special
		GO TO PA	AGE 2			

SPECIFIC-PU PURPOSE AI			ITTEE REPORT:	NTONIO RK	FORM SPAC COVER SHEET PG 2
12 COMMITTEE NAME	tiz	eus 4 Ch	2005 JAN 19 A arter Reform		ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	\\\\-	
SUPPORT (Candidate or Measu	ıre)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE	HELD (officeh	older)
OPPOSE					
(Candidate or Measure) ASSIST (Officeholder)		MEASURE	PALLOT IDENTIFICATION /#		ELECTION DATE Month Day Year \$\sqrt{1S}\delta\delta\delta\delta}\$
			City of San Ant		ts to Charter
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CON PLEDGES, LOANS, OR	ITRIBUTIONS OF \$50 OR LESS (OTHER GUARANTEES OF LOANS), UNLESS IT	R THAN TEMIZED	\$ _
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 5000 00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$
	4.	TOTAL POLITICAL E	EXPENDITURES		\$ 1126.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 4223.68
OUTSTANDING LOANTOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ -(5-
15 AFFIDAVIT			I swear, or affirm, under pena report is true and correct and i reported by me under Title 15	includes all	information required to be
AFFIX NOTARY STAMP / SEA	L ABOVI	≣	Signature o	of campaign tr	reasurer
Sworn to and subscribed	d before	e me, by the said	erry Fuentes	·	this the 18 +/1 day
of 111171, 20	1)5 1 stering o	y.l.	ness my hand and seal of office		DIANE SOLARCZYK Y COMMISSION EXPIRES August 26, 2006

Texas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 787 - 207	NED (618) 46	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	SHY	ELERK	SCHEDULE A
		2005 IAN 19	AM 10: 54	
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A:
2 FILER NAME	Citizens 4 Charter	Reform	3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
Polacia	COXESMITO 6 Contributor address; City: State; Zip Code		contribution (\$)	description (if applicable)
9/40/01	112 E. Pecau San Anto	nio, TX 78205	5000 %	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	Contributor address; City; State; Zip Code			
			-	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	1
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			ing requirements.

Texas Ethics Com	imission P.O. Box 12070 Austin, Texas 7	8711-2070 RECE	IVED HER	1-800-325-8506
POLITIC	CAL EXPENDITURES	111111111111111111111111111111111111111	CLERK	SCHEDULE F
		onns IAM LS	9 AM 10: 5	55
The Instruction	Guide explains how to complete this form.	1		
2 FILER NAME	Cilizens 4 Charles Re	etorm 3	ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payee name FROST BRINK 6 Payee address; City: State; Zip Code PO BOX 1600 SAM Anto			131,78
required.)	ment (See instructions regarding type of information	9 ··· Complete if direct Candidate / Officeholder name	•	benefit C/OH •• fice sought Office held
8 24 04	Payee name City Public Service Payee address; City; State; Zip Code 401 Villia Sau Art	onio.TX 783	205	Amount (\$) 592.01
required.)	went (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		b benefit C/OH •• fice sought Office held
required.)	~ ~	Candidate / Officeholder na	me O	
Purpose of pay required.)	Payee address: City: State: Zip Code	Candidate / Officeholder na	8716	Amount (\$)
Purpose of pay required.)	Payee name Time Warner Cable Payee address; City; State; Zip Code 70 NE Loop 410 5 auc.	Candidate / Officeholder nate	8716	Amount (\$)
Purpose of pay required.) Purpose of pay required.) Purpose of pay required.)	Payee name Payee name Tome Warner Caloly Payee address; City: State; Zip Code TO NE LOOP 410 Sizual Transit (See instructions regarding type of information COMPUTER SERVICE Payee name Payee name Southwestern Be Payee address; City: State; Zip Code	Candidate / Officeholder nate	87/6. act expenditure to the comme of the c	Amount (\$) Denefit C/OH ** Office held Amount (\$) Amount (\$)